SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

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COVER PAGE

1. NAME OF COMMITTEE										
MARY FORTIER FOR CITY COUNCIL	_									
2. TREASURER NAME	Section 1									
First DAVID		MI M	Last FORTIER							Suffix
3. TREASURER ADDRESS		141		FORTIE	1					
Street Address			City				State		Zip Co	de
163 GOODWIN ST			BRIS	TOL	•		СТ		0601	0
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	e only	f Candidate	Committee)		•	6.	DISTR	ICT NUMBER
(mm/dd/yyyy) 11/05/2019	CITY COUNCIL						•	(if a	applicable)	3
7. CANDIDATE NAME (Complete only if First	Candidate or Explorator			·	100 miles					
MARY		мі В		Last FORTIE	R					Suffix
8. TYPE OF REPORT (Check One Box)										
O January 10 filing	7th day preced	ling primary	/	7th	day preceding refere	ndum			ition or	Disbursement
April 10 filing	30 days follow	ving primary	ry 045 days following referendum		ndum	(PACs ONLY) ① Amendment to				
July 10 filing	7th day preced	ling election	on O Deficit			Type of Report:				
October 10 filing	12th day prece					JULY 10, 2019				
24 Hour Independent Expenditure Primary Election	O45 days follow not held in No	ing election								
9. PERIOD COVERED										
	Beginning Dat	te			Ending Date	•				
,	APRIL 1, 2019			thru	JUNE 30, 2019					
•			_				_			
10. CERTIFICATION										
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.										
TREASURER OR DEPUTY/TREASURE	ER (SIGNATURE)	_		D M FOR	TIER F SIGNER	·			2/5 DATE (n	12020

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Mary Fortier for City Council	TYPE OF REPORT JULY 10 AMENDMENT				
	COLUMN A This Period	COLUMN B Aggregate			
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1155105410			
12. Balance on hand at the beginning of Reporting Period	0				
13. Contributions Received from Individuals (Sections A and B)	550.00	550.00			
14. Receipts from Other Committees (Sections C1 and C2)	0	0			
15. Other Monetary Receipts (Sections D through K)	0	0			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0			
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	550.00	550.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	550.00	550.00			
19. Expenses Paid by Committee (Section P)	0	0			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	550.00	550.00			
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0			
23. In-Kind Contributions Received (Section M)	34.10	34.10			
24. Refundable Deposit to Telephone Company (Section N)	0	0			
25. Loan Balance	0				
25a. + Loans Received (Section D)	0	0			
25b. + Interest and Penalties on Loan	0	0			
25c Payments on Loan	0	0			
25d. Total Outstanding Loan Amount	0				
26. Campaign Expenses Paid by Candidate (Section Q)	103.44	103.44			
27. Expenses Incurred on Committee Credit Card (Section R)	О	0			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	o				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Т	YPE OF REPORT			
Mary Fortier for City Council	Ju	July 10 Amendment			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	d this Period ONLY UBTOTAL SECTION A	\$			
B. Itemized Con	tributions from Individu	ıals			
Last Name	First			MI	
Hintz	Karen			С	
Residential Street Address	City	s	State Zip	Code	
103 Garden St.	Bristol		1 -	010	
Principal Occupation	Name of Employer				
Principal Consultant	Ventura TMS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executive of a associated with have a contract with a contract with the cont	fficer of a municipality, th said municipality	Amount of Contribution		
Is this contribution associated with an Yes Is contributor a principal of a s	ate contractor or prospective state co	ontractor? Yes	50.00		
event reported in Section L1? No If yes, indicate which brar of government the contrac	ch or branches	No			
Method of Contribution:		gregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	10	0.00			
Last Name	First			Ινα	
Fortier	Christy			MI L	
Residential Street Address	ity	Is	tate Zip	Code	
163 Goodwin St.	Bristol		T	010	
Principal Occupation	Name of Employer		1		
CNA Terrence Boyle					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	a candidate for a chief executive of associated with have a contract with Yes No	fficer of a municipality, th said municipality	Amount o	f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? Is this contributor a principal of a section L1? Yes No If yes, indicate which branches in the principal of a section L1?	ate contractor or prospective state co	ontractor? Yes No	, , , , , ,		
If yes, list Event # of government the contract					
Method of Contribution:		gregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 05/27/19 10	00.00			
Last Name	First			MI	
Fortier	David			M	
	ity		I -	Code	
	Bristol		T 06	010	
Principal Occupation	Name of Employer				
Educator	Rocky Hill High Schoo	ol .			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes lf contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount o	f Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a s No If yes, indicate which bran	ate contractor or prospective state co	ontractor? Yes			
If yes, list Event # of government the contract		Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	- -	gregate Contributions			
O Total Office Office Office Card Of ayron Deduction Ortolley	7.001				
SUBT	OTAL Section B — This Pa	1ge 250.00			
TOTAL	of additional Section B Pag	ges 300.00			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I	INDIVIDUALS (Sections A + , Column A of Summary Page Tota				

Section B ADDITIONAL PAGE $\underline{\lambda}$ of $\underline{\lambda}$

NAME OF COMMITTEE (Provide Complete N	Name as Registered with Filing Repository)			TYPE OF REPORT		
Mary Fortier for City Council				July 10 Amendme	ent	
A. Total Contributions from (See instructions for definition of Sma			nis Period ONLY OTAL SECTION A	\$		
Last Name	B. Itemized Co		outions from Individ	duals		
Fortier		1	Nicholas			J MI
Residential Street Address		City			State	Zip Code
573 Union St. #2		Broo	oklyn		NY	11215
Principal Occupation			Name of Employer			L.
Teacher			City University of I	New York		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality with said municipality	, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or	branches	Contractor? Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit	t Card Payroll Deduction Money	Order	05/27/19	100.00		
Last Name		- 1	rst			MI
Fortier			Gregory			R
Residential Street Address 115 Doxbury Ln		City			State	Zip Code
Principal Occupation	· .	Suffe	· ·		NY	10910
Engineer			Name of Employer	E 6		
_	If contribution is in access of \$400	4	Pratt & Whitney Al			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract v	with said municipality	Amo 100	unt of Contribution .00
Is this contribution associated with an event reported in Section L1? If yes, list Event #		nch or	branches	e contractor? Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit	Card Payroll Deduction Money	Order	05/27/19	100.00		
Last Name Fortier		Fin	rst Elizabeth			MI
Residential Street Address						A
596 E 19th Apt 1A		City Broc	oklyn		State NY	Zip Code 11226
Principal Occupation			Name of Employer			1
Social Worker			Memorial Sloan Ke	ettering Cancer Ct	r	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract Yes No	officer of a municipality with said municipality	, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or l	branches	No		
Method of Contribution: Ocash Personal Check Ocredit/Debit	Card Payroll Deduction Money	Order	Date Received 05/27/19	Aggregate Contributions 100.00		
	SUBT	ОТА	L Section B — This	Page 300.00		
	TOTAL	of ac	dditional Section B P	ages 250.00		
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A umn A of Summary Page 1			

NAME OF COMM Mary Fortier for 0	ITTEE <i>(Provide Complete</i> City Council	Name as Registered w	ith Filing Repos	itory)		TYPE OF REPORT July 10 Amendn		
Name of Committee	Grand Company	C1. C	ontributic	ons from O				
Name of Communice					Name of Treas	urer		
Address				Is this contrevent report	ed in Section L1	ed with an OYes ONo 1? ist Event #	Amount of	Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee			-1		Name of Treas	urer	<u> </u>	
Address				Is this contri event report	ed in Section L1	ed with an Yes No 1? ist Event #	Amount of	Contribution
City		State	Zip Code	Date Rece	ived	Aggregate Contributions		
Name of Committee					Name of Treas	urer		
Address				Is this contri event report	ed in Section L1	ed with an Yes No	Amount of	Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions	-	
	C2. R	 eimbursemen!	 s or Surpl	us Distrib	utions from	other Committees		
Name of Committee					Name of Trease			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimburseme	ent for shared ε	expense OS	urplus Distributi	ion	Amount	of Receipt
Description								
Name of Committee					Name of Treasu	near-		
				•				
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type					Amount	of Receipt
		Reimburser	ment for shared	i expense	Surplus Distrib	ution		•
Description			***					
			SUBTO	TAL Sectio	n C — This	Page 0		
			TOTAL	of additiona	l Section C I	Pages 0		
		ALL COMMIT'I C1 + C2) (Enter to						

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi		TYPE OF REPORT			
Mary Fortier for City Council	- n		July 10 A	mendment	
D. Name of Lender	Loans Rece	Source of Loan:			
			didate O Individual	Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Canc	didate () Individual	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Canc	didate 🔘 Individual	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)		·			Amount Received
Street Address	City	·	State	Zip Code	
		TOTAL SECTI	ION D 0		
E. Receipts from Entities other than	n Individual	s or Other Comr	nittees (Referen	dum Committee	es ONLY)
Greet Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	ıtions	
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	itions	
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	itions	
		TOTAL SECT	IONE 0		

NAME OF COMMITTEE Mary Fortier for City	Provide Complete Name as Regiss Council	ered with Filing Reposito	<i>ry)</i>			OF REPORT 10 Amendment
•	Amount Transferred	from Affiliated	Rusines	e Treasury (I		
Date of Receipt	Is this transaction assoc			, list Event #	iustriess Lim	Amount
	event reported in Section	ated with an n L1?	No	,		
Date of Receipt	Is this transaction associ	ated with an	es If yes	, list Event #		Amount
	event reported in Section	ated with an h L1?	No			
Date of Receipt	Is this transaction associ		es If yes	, list Event #		Amount
	event reported in Section	ı LI?	No			
Date of Receipt	Is this transaction associ	1	es If yes	, list Event #		Amount
	event reported in Section	ili?	No			
				TOTAL SECT	TON F	0
			_			
G. Amount Tr	ansferred from Affilia	ted Labor Unio	n or Oth	er Organizat	ion Treasu	ry (Organization Committees ONLY)
Date of Receipt		Date of Receipt			Date of F	Receipt
Ai	mount		Amount			Amount
			TO	OTAL SECTION	ON G 0	
	H. Personal Funds of	the Candidate I	Received	this Period	Candidate C	ommittees ONLY)
Date of Receipt	Method of payment:			_		Amount
CD :	OCash	O Personal	Check	Credit/D	ebit Card	
Date of Receipt	Method of payment:	^ -		A		Amount
Date of Receipt	Cash Method of payment:	O Personal	Check	Credit/D	ebit Card	
rate of Receipt		^ -	~· ·	A		Amount
Date of Receipt	Cash Method of payment:	O Personal	Check	Credit/D	ebit Card	
or receipt	O Cash	• Personal	ChI		17.0	Amount
	Casn	Personal	Check	O Credit/D	ebit Card	
				TOTAL SEC	TION H	0
		I. Anonym	ious Cor	tributions		
		25 / 111011 / 111	Out Con			
1	Per Public Act 11-48	Anonymous C	ontributi	one mov no	longer bo	denosited in any

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Registered with I		E OF RI	****	-			
Mary Fortier for City Council			July 10 Amendment				
J. Interest fi	rom Deposits in Authorized Account	nts					
Name of Institution		Date	Received		Am	ount	
Street Address	City	State	Zi	p Code	,		
Name of Institution		I Date	<u> </u>				
Name of institution		Date	Received		Am	ount	
Street Address	City	State	Zi	p Code			
	•			p coue			
	TOTAL SECTIO	AT E					
	TOTAL SECTIO	IN J	0				
K. Miscellaneous Mo	netary Receipts not Considered Co	ontril	oution	18			
Name			Date of	Fransaction	Amou	nt Received	
Street Address	City	Stat	e	Zip Code			
Description				<u> </u>			
				-			
Name			Date of	Transaction	Amou	nt Received	
Street Address	City	Stat	e	Zip Code			
Description							
Name			Date of	Transaction	Amon	nt Received	
					1		
Street Address	City	Stat	e	Zip Code			
Street Address	City	Stat	e	Zip Code			
Street Address Description	City	Stat	e	Zip Code			
Description	City						
	City			Zip Code		nt Received	
Description	City		Date of 7			nt Received	
Description Name Street Address			Date of 7	Fransaction		ut Received	
Description Name			Date of 7	Fransaction		nt Received	
Description Name Street Address	City	Stat	Date of 7	Fransaction		nt Received	
Description Name Street Address			Date of 7	Fransaction		nt Received	
Description Name Street Address Description	City TOTAL SECTION K	Stat	Date of T	Transaction Zip Code		at Received	
Description Name Street Address Description SUMMARY OF OTHER	City	Stat	Date of T	Transaction Zip Code		nt Received	
Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D)	TOTAL SECTION K MONETARY RECEIPTS (Section	State O ms D	Date of T	Transaction Zip Code gh K) 0		nt Received	
Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other	TOTAL SECTION K MONETARY RECEIPTS (Section E)	Stat	Date of T	Transaction Zip Code gh K) 0		at Received	
Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other Total Amount Transferred from Affiliated Business Treas	TOTAL SECTION K MONETARY RECEIPTS (Section F)	Stat O + +	Date of T	Transaction Zip Code gh K) 0		nt Received	
Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other	TOTAL SECTION K MONETARY RECEIPTS (Section F)	Stat O + +	Date of T	Transaction Zip Code gh K) 0		nt Received	
Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Other Total Amount Transferred from Affiliated Business Treas	TOTAL SECTION K MONETARY RECEIPTS (Section F) Sury (Section F) r Other Organization Treasury (Section G)	Stat O + +	Date of T	Transaction Zip Code gh K) 0 0		nt Received	
Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Oth Total Amount Transferred from Affiliated Business Treas Total Amount Transferred from Affiliated Labor Union o Total Amount of Personal Funds of the Candidate Received	TOTAL SECTION K MONETARY RECEIPTS (Section er Committees (Section E) sury (Section F) r Other Organization Treasury (Section Ged this Period (Section H)	Stat	Date of T	Gh K) O O		nt Received	
Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Oth Total Amount Transferred from Affiliated Business Treas Total Amount Transferred from Affiliated Labor Union o Total Amount of Personal Funds of the Candidate Received Total Amount of Interest from Deposits in Authorized Acceptable Acceptable (Section D)	TOTAL SECTION K MONETARY RECEIPTS (Section er Committees (Section E) sury (Section F) r Other Organization Treasury (Section Ged this Period (Section H) counts (Section J)	0 Stat	Date of T	Gransaction Zip Code Gransaction Zip Code O O O O O		nt Received	
Description Name Street Address Description SUMMARY OF OTHER Total Loans Received this Period (Section D) Total Receipts from Entities other than Individuals or Oth Total Amount Transferred from Affiliated Business Treas Total Amount Transferred from Affiliated Labor Union o Total Amount of Personal Funds of the Candidate Received	TOTAL SECTION K MONETARY RECEIPTS (Section er Committees (Section E) sury (Section F) r Other Organization Treasury (Section Ged this Period (Section H) counts (Section J)	Stat	Date of T	Gransaction Zip Code Gh K) 0 0 0 0		nt Received	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE MARY FORTIER FOR CI	(Provide Complete Name as Registered with Filing Repository) TY COUNCIL		TYPE OF REPORT JULY 10 AMENDM	IENT				
	L1. Even	t Information						
Event # Date of Event Letter 06/29/2019 1	PARTY IN THE PARK BBQ FUNDRAISER ON	FEDERAL HILL GREEN		Was this a fur ② Yes	ndraising event?			
Location: Street Address FEDERAL HILL GREEN,	CENTER AND QUEEN STS	City BRISTOL		State CT	Zip Code 06010			
Subpart 1: (All Committee Was this event hosted at		Yes (<i>If yes</i> , go to Section L Associated with a Ho purchases made by hos	5 In-Kind Donations no use Party and complete st(s) for food, beverage an	required infor	Contributions mation for any			
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No						
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items idividual of up to \$100?	OYes (<i>If yes</i> , enter Total Rec O No		\$				
Were there purchases of a sign associated with this		Yes (If yes, go to Section L	Committees) 3 Purchases of Advertis plete required informat	sing Space in a	Program Book			
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Reco	eeipts here.)	\$				
Event # Date of Event Letter	Description			Was this a fun	draising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L. Associated with a Hor purchases made by hos	5 In-Kind Donations no use Party and complete t(s) for food, beverage ar	required inform	Contributions mation for any			
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L and complete required No		ot Considered (Contributions			
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items idividual of up to \$100?	Yes (If yes, enter Total Rec	- '	\$				
Were there purchases of a sign associated with this t		nittees other than Exploratory Yes (If yes, go to Section L	Committees) 3 Purchases of Advertis plete required informat		Program Book			
Subpart 3: (Town Comm Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	\$				
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page 0					
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases—						
		TOTAL of additional Section	1 L1 Pages 0	,				
		IPTS FROM SMALL PU Line 16a, Column A of Summary						

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filipa Reposite	imi)	TYPE OF REPO	DТ		
Mary Fortier for City Co			",,,	July 10 Amen		+	
					umem	L	
Name of Purchaser	L3, Purchase	s of Advertish	ng in a Progra	m Book or on a Sign			
Ivanic of Furchaser				•		e Made By:	~
					_	siness Entity	Other
Street Address			· · · · · · · · · · · · · · · · · · ·		OInd	ividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	n Purchase
						xinoant or Si	gn i ui chasc
Name of Purchaser					Purchas	e Made By:	
					OBus	siness Entity	Other
					OInd	ividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	A CD AID			L
- 410 410001100	Event "	Aggregate i tilenases	ioi Aii Events	Amount of Program Ad Purcha	se A	Amount of Sig	gn Purchase
					ı		
Name of Purchaser					Purchase	e Made By:	
						siness Entity	Other
					_	ividual/Sole P	_
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	gn Purchase
					ŀ		
Name of Purchaser					D 1	14 1 D	
	*				_	Made By:	△ ou
					_	iness Entity	Other
Street Address			City		O Indi	ividual/Sole P	
			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	n Purchase
CD 1							
Name of Purchaser						Made By:	
					_	iness Entity	Other
Street Address					OIndi	vidual/Sole Pi	
sucet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases i	for All Events	Amount of Program Ad Purcha	se A	mount of Sig	n Purchase
							, a chuse
	SUBTOTAL Section 13 To	tal Purchases of	Advertising in Dr.	ogram Book — This Page 0			
	200 100 100 100 100 100 100 100 100 100	tarraremases or	tuvertising in 11	ogram book — I ms rage o			
	SUBTOTAL Section	n L3 Total Purch	nases of Advertisi	ng on a Sign — This Page 0			
				д			
			TOTAL of ad	ditional Section L3 Pages 0			
TOTAL	OF ALL PURCHASES OF	ADVERTISING	G IN A PROGRA	M BOOK or ON A SIGN O			
		enter total on L	ane 100, Column A	of Summary Page Totals)			i

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	EE (Provide Complete Name as Register	red with Filing Repository)			TYPE OF REPORT	Γ		
Mary Fortier for City	Council				July 10 Amendr	nent		
	L4. In-K	and Donations N	ot Conside	red Contribu	ıtions			
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation	,	<u> </u>			Fair I	l Market Vali	l ue of Donation
Business Entity								
OIndividual	Date Received	Event #		Aggregate Value fo	or this Event	ĺ		
Sole Proprietorship								
Name of Donor		<u> </u>						
Street Address			City		· · · · · · · · · · · · · · · · · · ·		State	Zip Code
Donation Given By:	Description of Donation		<u> </u>			Fair N	Aarkat Vali	ie of Donation
Business Entity						I'dii ir	Mainei Taii	ie di Dunanun
OIndividual	Date Received	Event #		Aggregate Value fo	or this Event			
Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		1			Fair N	Aarket Vali	ie of Donation
Business Entity						A	laine	IC OI DOMASSON
OIndividual	Date Received	Event #		Aggregate Value fo	or this Event			
Sole Proprietorship								
Name of Donor		<u> </u>		L				
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		İ			Fair N	Market Valu	e of Donation
Business Entity						R seas	lainu va	C UI DUHALIUM
Individual	Date Received	Event #		Aggregate value for	this Event			
Sole Proprietorship								
		CHIPTO	emax o attac					
		SUBTO	TAL Section	L4—This Page	· 0			
		TOTAL	of additional	Section L4 Page				
		IOITHE	UI AUUHHOHAI	Section 124 1 age	es 0			
TOTA	AL OF ALL IN-KIND DONA							
		total on Line 21, Colu				_		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Repo.	sitory)		TYPE OF RE	PORT		
Mary Fortier for City Coun	cil			July 10 Amendment			
L5. I	n-Kind Donations Not Consider	red Contributions Associa	ited with a I	House Part	ty		
Name of Host			committee?	supporting mo OYes ON omplete Itemiza	0	ne candidate or	
Street Address		City	•		State	Zip Code	
Description of Donation				Fair Mar	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	_			
Name of Host			committee?	supporting mo	0	ne candidate or	
Street Address		City	1		State	Zip Code	
Description of Donation				Fair Mar	ket Value (of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate				
Name of Host			committee?	Supporting mo OYes ONe Implete Itemiza	0	ne candidate or	
Street Address		City	•		State	Zip Code	
Description of Donation				Fair Mar	ket Value (of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate				
Name of Host			committee?		0	e candidate or	
Street Address		City	•		State	Zip Code	
Description of Donation				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this ho	ost/candidate				
		SUBTOTAL Section L5 —	This Page	0			
		OTAL of additional Section		0			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on L	T CONSIDERED CONTRI Line 22, Column A of Summary I		0			

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Mary Fortier for City Council	Name as Re	egistered with	Filing Reposito	ry)				F REPORT amendment		
			M. In-K	Cind Con	trib	utions	<u> </u>	unenument		
Name DAVID FORTIER										
Street Address					City				State	Zip Code
163 GOODWIN ST					ľ	STOL			СТ	06010
Type of contributor: Committee	Date Rece	ived	Aggregate Cor	ntributions	I	Description of In-Kind	l Contributio	n		
● Individual / Sole Proprietorship ◆Other	06/21/2		102.13			PHOTOCOPIES				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		business he/sh		ted wit	or a chief executive th have a contract way Yes No	Fair Market Value of this Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event #1	Yes No	If yes,	itor a principal indicate whic ernment the co	h branch or	branc	tor or prospective s ches Executive	_	O No	2.13	
Name DAVID FORTIER										
Street Address	·····				City				State	Zip Code
163 GOODWIN ST					BRIS	STOL			СТ	06010
Type of contributor:	Date Recei		Aggregate Cor	ntributions	1	Description of In-Kind PHOTOCOPIES (L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co	ribution is in ontributor or at more than	business he/s	00 to a candi he is associa	ited w	or a chief executive ith have a contract Y	e officer of with said n	a municipality, nunicipality		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1	Yes No	If yes,	tor a principal indicate which rnment the cor	h branch or	branc	tor or prospective stehes Executive	_	O No	31.97	
Name										
Street Address					City				State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Recei	ved	Aggregate Cor	ntributions	Γ	Description of In-Kind	Contributio	n ·		<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or at more thar	business he/sl	00 to a candi he is associa	date for	or a chief executive ith have a contract v Yes No	officer of with said m	a municipality, unicipality		Aarket Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal indicate which rnment the cor	n branch or	branc	or or prospective st hes Executive	_	O No		
			SUI	BTOTAL	Section	on M — This Pa	ge 34.	10		
						ıl Section M Pag				
TOTAL OF ALL IN-KIND CON	TRIBU	ΓΙΟΝS (Ε						10		
	N.	Refunc	lable Den	osit to T	elen	hone Compai	nv			
Last Name of Individual			·	First	· · · · · ·	ione compan		MI	Date Deposit	Made
Residential Street Address			City	ļ			State	Zip Code	A	Amount of Deposit
Name of Telephone Company								<u> </u>	_	
Street Address			City				State	Zip Code		
TOTAL SE	CTION	N (Enter t	total on Line 2	24, Column	A of S	Summary Page Tot	als) 0			

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Mary Fortier for Ci	ty Council		July 10 Amendment	t ·
Name of Payee	P. Expenses	Paid by Committee	Date of Payment	Method of Payment: O Check #O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Ever	nt#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril) Independent	ked) Oa O b O c O d	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Evet	nt #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unl None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contrib) Independent	(ked)	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Evei	nt #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control of the c	e) Independent		
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Eve	nt#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) Independent	CA OB OC OD	
	s	UBTOTAL Section P — Th	is Page 0	
	то	TAL of additional Section P	'Pages 0	
		NSES PAID BY COMM 19, Column A of Summary Pag		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) MARY FORTIER FOR CITY COUNCIL				TYPE OF REPORT JULY 10 AMENDMENT				
Q. Campaign Expenses Paid by Candidate Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment Is reimbursement claimed?								
ALDI	06/26/2019							
Street Address 110 MIDDLE ST		State CT	Zip Code 06010					
Purpose of Expenditure	Description	Event #	#		Amount			
(by code) FOOD	FOOD FOR FUNDRAISER-split exp with Brittan	ny For Bristol	1		2.00			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) STOP & SHOP				Date of Payment 06/29/2019	Is reimbursement claimed? Yes • No			
Street Address 697 FARMINGTON	AVE	City BRISTOL			State CT	Zip Code 06010		
Purpose of Expenditure (by code) FOOD	Description FOOR FOR FUNDRAISERsplit exp with Brittar	ny for Bristol	Event	¥	Amount 14.99			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?			
STOP & SHOP				06/29/2019	Yes O No			
Street Address 697 FARMINGTON	AVE	City BRISTOL			State CT	Zip Code 06010		
Purpose of Expenditure (by code)	Description FOOD FOR FUNDRAISER—split exp with Brittal	Event:	#	Amount 4.99				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) COSTCO			L	06/20/2010		res O No		
Street Address 405 HARTFORD RE	City NEW BRITAIN	•			Zip Code 06053			
Purpose of Expenditure (by code) FOOD	Description FOOD FOR FUNDRAISERsplit exp with Britta	ny for Bristol	Event :	#	Amount 81.90			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed? Yes No			
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)						Amount		
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	rsement claimed?		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event	#		Amount		
SUBTOTAL Section Q — This Page 103.44								
TOTAL of additional Section Q Pages 0								
	TOTAL OF ALL EXP (Enter total on Lin	ENSES PAID BY CA e 26, Column A of Summar						

NAME OF COMMITT Mary Fortier for Ci	EE (Provide Complete Name as Registered with Filing Repository, ty Council	J. S.	TYPE OF REPORT July 10 Amendme	nt	
	R. Expenses Incurre	d on Committee Cro			
Name of Issuing Instit	ution	Type of Credit Card:			
		Visa Master (Card ODiscover OAmeric	an Express	Other:
Name of Vendor, Person o	Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind co	iture)	is checked) endent ization. OA OB OC OD		
Name of Vendor, Person of	Entity			-	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	iture)	endent ization: OA OB OC OD		
Name of Vendor, Person or	Entity			Date of T	ransaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum R Required</i> None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind co	iture)	,		
	St	JBTOTAL Section R —	This Page 0		
	тот	AL of additional Section	n R Pages 0	202000	
TO	FAL OF ALL EXPENSES INCURRED ON (Enter total on Line	COMMITTEE CRED 27, Column A of Summary	• 0		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Mary Fortier for C			July 10 Amendme	nt	
	S. Expenses Incurred by Comr	nittee but Not Paid	During this Period		
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required of None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continued)	Indepe			
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	Indepe	*		
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		ount Incurred timate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continuous)	Indepe	*		
		SUBTOTAL Section	S-This Page 0		
	T	OTAL of additional Sec	tion S Pages 0		
TOTAL OF ALL F	EXPENSES INCURRED BY COMMITTEE DURII (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa			
	Previously reported Exp	enses Unpaid and still O	utstanding 0		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU te 28a, Column A of Summa	U		
					<u> </u>

NAME OF COMMITTE MARY FORTIER FOI	EE (Provide Complete Name as Registered with Filing Reposito R CITY COUNCIL	ry)				PE OF RE	EPORT MENDME	NT	
	T. Itemization of Reim	bu	rsements	and Secon					
Last Name of Worker/Cons	ultant	Fii	rst				MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	<u>1 </u>					n Section P:	_	Worker/Consultant as	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City			Che	CK #	State	Zip Code
Purpose of Expenditure (by code)	Description		<u>I</u> .		Event#				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	enditi	ure)	Independence	is checked) ndent O zation: O A	O C) O		
Last Name of Worker/Cons	ultant	Fir	rst				MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			***		Payment to reported in Check	n Section P:	_	Worker/Consultant as
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure #- (if applicable)	Type of Expenditure (Itemization in Addendum T Requir None of the below Coordinated with reimbursement sought (joint expe Coordinated without reimbursement sought (in-kind	nditı	ure)	Indepe		O C) () () () ()		
Last Name of Worker/Cons	ultant	Fir	rst				MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	-	1				n Section P:	_	Worker/Consultant as
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
Purpose of Expenditure (by code)	Description				Event #	4			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind)	nditu	ıre)	Indepe	, , ,	O C) O		
		S	SUBTOTA	L Section T –	– This Pag	ge O			
		TC)TAL of ac	lditional Sect	ion T Page	es 0			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VO	RKERS.	AND CONS	ULTANI	r s 0			